

SABARAGAMUWA UNIVERSITY OF SRI LANKA
FACULTY OF APPLIED SCIENCES
BSc (HONOURS) IN PHYSICAL SCIENCE AND TECHNOLOGY
YEAR IV SEMESTER I EXAMINATION
Medical/Repeat (Applied Physics)
(December - 2024 & January - 2025)
EXAMINATION APPLICATION FORM

01. Registration No : Index No : Medium :
02. Full Name (In English Block Letters) :

03. Please state the subject/subjects that you expect to offer for the Examination.

COURSE CODE	COURSE TITLE	SIGNATURE OF LECTURER INCHARGE CONFIRMING THAT THE CANDIDATE HAS FOLLOWED THE COURSE SATISFACTORILY AND IS ELIGIBLE TO SIT THE EXAMINATION.
PST 41001		
PST 41202		
PST 41205		
PST 41208		
PST 41211		
PST 41113		
PST 41214		
Optional		
PST 41203		
PST 41204		
PST 41206		
PST 41207		
PST 41209		
PST 41210		
PST 41212		
PST 41215		
PST 41116		

State whether Mr. / Ms.:

05. Permanent Address:
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.....
.....

06. Address during the period of Examination :
.....
.....
.....

07. Contact Number :

08. Date of admission to the University :

09. Have you been registered for this year :

Give date of payment of registration fees for the course :

10. Have you postponed sitting this examination earlier due to illness (supported by Medical Certificate) or any other reasons? If so give particulars.

11. Amount of fees paid. (for the first time need not pay examination fees).

Amount::

Date of payment & receipt No. :

I certify that the above information is correct. I am aware that my application shall be rejected, if any of the information given above is incorrect.

Date:

.....
Signature of Candidate.

- Delete as appropriate